

Law Offices

1500 K Street, N.W.
Suite 1100
Washington, DC
20005-1209

202-842-8800
202-842-8465 fax
www.drinkerbiddle.com

PHILADELPHIA
NEW YORK
LOS ANGELES
SAN FRANCISCO
PRINCETON
FLORHAM PARK
BERWYN
WILMINGTON

October 16, 2007

Via Electronic Filing

Ms. Marlene Dortch
Secretary
Federal Communications Commission
The Portals, TW-A325
445 Twelfth Street, SW
Washington, D.C. 20554

Re: Ex Parte Notice – Rural Health Care Support Mechanism,
WC Docket No. 02-60.

Dear Ms. Dortch:

On October 16, 2007, Kirk Norris and Abigail Stork of the Iowa Hospital Association, Joe LeValley of Mercy Medical Center—Des Moines, David Lingren and David Swanson the of Iowa Communications Network, and Leo A. Bressanelli of Genesis Health Systems, collectively referred to as the “Iowa delegation,” and Laura Phillips and Robert Waters of Drinker Biddle & Reath LLP, met separately with John Hunter, Chief of Staff and Senior Legal Advisor, Wireline Issues, to Commissioner McDowell, Scott Deutchman, Competition and Universal Services Legal Advisor to Commissioner Copps, and Chris Moore, Legal Advisor to Commissioner Tate, to review the Iowa Rural Health Telecommunications Program (“IRHTP”) application that is a subject of *Rural Health Care Pilot Program Order* in the above-referenced docket.

The Iowa delegation highlighted the open and participatory process conducted under the auspices of the Iowa Hospital Association by which the IRHTP application was formulated and the understanding each participant had regarding the scope of its commitments; the technical superiority of the proposed use of the 3000 miles of buried fiber of the Iowa Communications Network to aerial fiber in terms of its robustness during extreme weather conditions not uncommon in Iowa; the scope of the technical connection and services the application anticipates providing to rural healthcare facilities throughout Iowa; and the comprehensive nature that this statewide “rising tide lifts all boats” approach offers both to those nearly 100 hospitals within the state that have already committed to and are listed in the application, as well as highlight future opportunities to connect those few hospitals in Iowa that elected not to be part of the initial broadband connectivity grant application.

Mr. Marlene Dortch
June 22, 2007
Page 2

The attachments were handed out during the meetings. The first attachment, from the Iowa Homeland Security and Emergency Management Department, reviews the extent of utility storm damage to aerial poles and fiber lines during a single storm last winter. The second attachment summarizes the IRHTP application.

Pursuant to Section 1.1206(b) of the Commission's rules, this letter and attachment are being submitted for inclusion in the referenced dockets. Please direct any questions you may have to the undersigned.

Respectfully submitted,


Laura H. Phillips

cc: John Hunter
Scott Deutchman
Chris Moore

Attachment

Utility Storm Damage

<u>Utility Company</u>	<u>Meters out Of Service</u>	<u># of Poles Replaced</u>	<u>Miles of Line Replaced</u>
Alliant/IPL	249,599	6,300	1,000
MidAmerican	131,215	1,600	360
RECs (IAEC	107,895	5,500	N/A
MUNIs (IAMU)	12,000	63	1
Total	500,709	13,463	1,361



Iowa Homeland Security & Emergency Mgt.
Iowa State EOC Activation Slides
February 24 – March 4, 2007



Iowa Homeland Security & Emergency Mgt.
Iowa State EOC Activation Slides
February 24 – March 4, 2007



The IRHTP (Iowa Rural Health Telecommunications Program) consortium is comprised of (1) Nebraska, (2) South Dakota, and (97) Iowa hospitals with a common goal to provide advanced healthcare without geographic restrictions. The consortium includes (87) rural and (13) urban hospitals from (11) different health systems. The program will result in the **largest, most advanced and cost effective** telemedicine network in the upper midwest.

**One goal
100 hospitals
1,000 megabits each
Enhanced healthcare for Iowans**

Project Features

- Provides a last mile fiber connection to each rural and urban hospital
- Utilizes current fiber backbone and wavelengths to construct a dedicated and resilient 10 gigabit IP/MPLS backbone
- Utilizes current resilient gigabit Internet and Internet2 connections
- Meets healthcare providers' legacy needs (H.320), current needs (Ethernet 10/100/1,000) and future needs (wavelength services)
- Provides services to 91% of all Iowa rural hospitals
- Leverages public/private partnership with an established carrier
- Continues planning and collaborative implementation with Iowa's Homeland Security and Emergency Management Division



Budget Overview

The following overall project estimate maximizes financial options with each member's connection.*

\$ 7,704,050	Last mile fiber connecting each hospital
\$ 1,779,072	Access electronics
\$ 2,221,510	Core network electronics
\$11,704,632	Total Overall Cost

Benefits

Upon completion each hospital will have high speed access to:

- Other consortium hospitals
- On-net healthcare groups (e.g. radiology, pathology, specialty surgical consultations)
- Internet and Internet2
- Voice and web conferencing services
- Video conferencing services (ISDN [H.320], IP [H.323], ICN [MPEG-2])
- Wavelength services for PACS backup using the latest networking technology
- Higher education teaching and research facilities

The vision is to allow hospitals, regardless of size, location or affiliation, to access the most advanced, most cost effective means of providing healthcare without geographic limitations. For more information, contact Art Spies (515) 283-9314.



